

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

13435

State File No. 13435

Registration District No. 226

Primary Registration District No. 4338

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Monroe
(b) City or town Monroe City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 213-4 St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 yrs.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Charles Robert Garrett

(b) If veteran, name war 1 3. (c) Social Security No. 489-26-9913

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Bessie Garrett 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased October 25, 1909
(Month) (Day) (Year)

8. AGE: Years 38 Months 4 Days 12 If less than one day hr. min.

9. Birthplace Stantonia Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

12. Name Harry Garrett

13. Birthplace Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Mattie Crutcher

15. Birthplace Monroe County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Charles Garrett

(b) Address Monroe City Mo

17. (a) Burial (b) Date thereof 4/20/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Church

18. (a) Signature of funeral director John T. Bond

(b) Address Monroe City Mo

19. (a) April 24, 1948 (b) Oliver Little
(Date received local report) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe
(c) City or town Monroe City
(If outside city or town limits, write "RURAL")
(d) Street No. 213-4 St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18
year 1948 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from Jan 5, 1947 to April 18, 1948
that I last saw him alive on April 16, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death HEART FAILURE

Due to Rheumatic HEART Disease

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (Specify means of injury)

23. Signature Harold J. Ecker (M.D. or other) D.O.

Address Monroe City Mo Date signed 4-20-48

Duration
over a year

PHYSICIAN
Underline the cause of which death should be charged statistically.

RECEIVED
District Health Officer No. 10
District File Number 448-763
Date Filed APR 26 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Charles V Greening

Registered Apprentice No. *214*

working under my personal supervision.

Signed

Leslie L Wilson

Licensed Embalmer No. *3014*

P. O. Address *Memphis, Tenn.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.